



IDAHO DEPARTMENT
HEALTH & WELFARE

COPY

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

May 16, 2008

Casey Meza
St Marys Hospital
P.O. Box 137
Cottonwood, Idaho 83522

Dear Ms. Meza:

This is to advise you of the findings of the Complaint survey at St Marys Hospital which was concluded on May 7, 2008.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

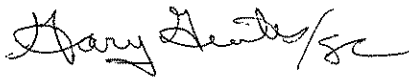
1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.
4. Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **May 29, 2008**, and keep a copy for your records.

Casey Meza
May 16, 2008
Page 2 of 2

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

Handwritten signature of Gary Guiles in cursive script.

GARY GUILLES
Health Facility Surveyor
Non-Long Term Care

Handwritten signature of Sylvia Creswell in cursive script.

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

GG/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/15/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 131321	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/07/2008
NAME OF PROVIDER OR SUPPLIER ST MARYS HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 701 LEWISTON ST COTTONWOOD, ID 83522	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	(X5) ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
C 000	INITIAL COMMENTS	C 000		
C 298	<p>485.635(d)(4) NURSING SERVICES</p> <p>A nursing care plan must be developed and kept current for each inpatient.</p> <p>This STANDARD is not met as evidenced by: Based on clinical record review and staff interview, it was determined the hospital failed to ensure nursing care plans were developed and kept current for 2 of 4 patients (#s 1 and 4) whose nursing care plans were reviewed. This resulted in the hospital's inability to ensure nursing staff consistently implemented safety measures for patients. The findings include:</p> <p>1. Patient #1 was a 77 year old female admitted to the hospital from 10/30/07 until 12/1/07. Her diagnosis was dementia and she had a history of falls. Nursing notes described the patient as confused, psychotic, and aggressive at times. A nursing note, on 11/13/07 at 7:30 AM, stated the patient "has been wandering in hall and in and out of patients' rooms". A nursing note, on 11/18/07 at 2:00 PM, stated the patient entered another patient's room and threatened to throw a "Sera lift" on a patient. A nursing note, on 11/19/07 at 5:20 AM, stated the patient entered another patient's room. A nursing note, on 11/21/07 at 4:00 PM to 11 PM, stated the patient entered another patient's room "a couple times". A nursing note, on 11/22/07 at 12:00 noon, stated the patient had been going into other patients' rooms and was hitting and swearing at staff when they tried to redirect the patient. In addition,</p>	C 298	<p>C-298 – Due to the fact that nursing care planning compliance has been an ongoing deficiency a task force will be developed (1) to research and develop a new structure of nursing documentation; (2) to plan strategies to overcome current nursing staff's negative perceptions of care planning which include: (a) feel pressured to include "problems" to satisfy quality improvement initiatives; (b) care plans are completed for fear of repercussions by senior staff; (c) are a mechanistic script to alleviate legality concerns; (d) are rarely reviewed during patient stay; (e) are too time consuming, etc. and (3) to develop an education program to increase compliance and enhance documentation. This task force will also research whether an on-line nursing documentation system would be beneficial in improving documentation requirements, end-user satisfaction, and influence how nursing is practiced. Goal is to have a new care planning system in place by the end of October 08. A care planning quality indicator will be added to the Quality Scorecard beginning new fiscal year July 1, 2008 and monitored on an ongoing basis until results show that care plans are being consistently completed and include all problems, potential problems, interventions, effectiveness of interventions, timelines, etc.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER ST MARYS HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 701 LEWISTON ST COTTONWOOD, ID 83522			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
C 298	<p>Continued From page 1</p> <p>nursing notes documented Patient #1 fell four times in November 2007 without apparent injury. A nursing care plan to address the specific behaviors and direct staff how to supervise the patient was not present in the record.</p> <p>Two registered nurses who had cared for Patient #1 were interviewed on 5/7/08 at 9:55 AM. They stated the patient had threatened to kill staff and patients and had threatened to drag one patient out of bed. They stated the patient had not acted physically against any other patients but said she had been combative with staff at times. They stated the patient would be very sweet one minute and then change suddenly and threaten people. The Director of Nursing was interviewed at 1:20 PM on 5/7/08. She stated a specific plan of care to address the patient's behaviors and supervise the patient was not present in the record.</p> <p>2. Patient #4 was an 83 year old female admitted to the hospital on 5/3/08. She was currently a patient as of 5/7/08. She had fallen and injured her knee. She had a history of falls. Falls were not addressed on her nursing care plan. The registered nurse in charge was interviewed at 2:40 PM on 5/7/08. She stated the patient was on fall precautions but said the nursing care plan did not address falls.</p>			C 298			

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NAME OF PROVIDER OR SUPPLIER ST MARYS HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 701 LEWISTON ST COTTONWOOD, ID 83522		
		MAY 29 2008		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
B 000	16.03.14 Initial Comments The following deficiency was cited during the complaint survey at your hospital. The surveyor conducting the investigation was Gary Guiles, RN, HFS.	B 000		
BB175	16.03.14.310.03 Patient Care Plans 03. Patient Care Plans. Individual patient care plans shall be developed, implemented and kept current for each inpatient. Each patient care plan shall include but is not limited to: (10-14-88) a. Nursing care treatments required by the patient; and (10-14-88) b. Medical treatment ordered for the patient; and (10-14-88) c. A plan devised to include both short-term and long-term goals; and (10-14-88) d. Patient and family teaching plan both for hospital stay and discharge; and (10-14-88) e. A description of socio-psychological needs of the patient and a plan to meet those needs. (10-14-88) This Rule is not met as evidenced by: Based on clinical record review and staff interview, it was determined the hospital failed to ensure nursing care plans were developed and kept current for 2 of 4 sampled patients (#s 1 and 4). Refer to C298 as it relates to the lack of nursing care plans which addressed falls and behavioral problems.	BB175	BB175 – Due to the fact that nursing care planning compliance has been an ongoing deficiency a task force will be developed (1) to research and develop a new structure of nursing documentation; (2) to plan strategies to overcome current nursing staff's negative perceptions of care planning which include: (a) feel pressured to include "problems" to satisfy quality improvement initiatives; (b) care plans are completed for fear of repercussions by senior staff; (c) are a mechanistic script to alleviate legality concerns; (d) are rarely reviewed during patient stay; (e) are too time consuming, etc. and (3) to develop an education program to increase compliance and enhance documentation. This task force will also research whether an on-line nursing documentation system would be beneficial in improving documentation requirements, end-user satisfaction, and influence how nursing is practiced. Goal is to have a new care planning system in place by the end of October 08. A care planning quality indicator will be added to the Quality Scorecard beginning new fiscal year July 1, 2008 and monitored on an ongoing basis until results show that care plans are being consistently completed and include all problems, potential problems, interventions, effectiveness of interventions, timelines, etc	

Bureau of Facility Standards

Chris Hawley for Casey Meza
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

Chief Patient Care Services Officer
TITLE
(X6) DATE *5/27/08*

619K11

If continuation sheet 1 of 1



C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF HEALTH & WELFARE

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DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
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FAX 208-364-1888

May 16, 2008

Casey Meza
P.O. Box 137
Cottonwood, Idaho 83522

Provider #131321

Dear Ms. Meza:

On **May 7, 2008**, a Complaint Survey was conducted at St Marys Hospital. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00003404

Allegation: A patient appeared to be demented and wandered the halls unattended. This patient went into other patient's rooms, yelled at them and threatened them. The patient was also observed reading other patient's charts.

Findings: An unannounced visit was made to the hospital on 5/7/08. Medical records of four patients, including three closed and one current patient, were reviewed. Hospital policies and incident reports were reviewed. Staff were interviewed.

One medical record documented a 77 year old female admitted to the hospital from 9/13/07 to 10/25/07. She was again admitted on 10/30/07 until 12/1/07. Her diagnosis was dementia and she was admitted the first time after a fall. Nursing notes described the patient as confused and psychotic and aggressive at times. Incidents of intrusive wandering were documented during the middle of November 2007. Nurses documented the patient had gone into other patients' rooms and had threatened them, i.e., to throw a "Sera lift" on them. No attacks were documented. The patient also fell four times during this period without apparent injury. Her physicians tried various medical interventions during this time. A nursing plan of care to address the specific behaviors and supervise the patient was not present in the record. No other patients with behavioral issues were identified.

Two registered nurses who cared for the patient were interviewed. They stated the patient had threatened to kill staff and other residents and had threatened to drag one patient out of bed. They stated the patient had not physically acted out against any patients. They said she had been combative with staff at times, especially during care. They stated the patient would be very sweet one minute and then change very suddenly and threaten people. The nurses said they had increased staff to supervise the patient. They said the patient was sufficiently supervised that they believed other patients were safe. The Director of Nursing was also interviewed. She stated a specific plan of care to address the patient's behaviors and supervise the patient was not present in the record.

Incident reports from September 2007 through April 2008 were reviewed. Except as noted above, no incidents involving patient to patient aggression were documented. Also, a low number of falls were documented.

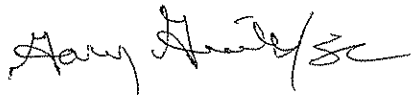
Standard level federal and state deficiencies were cited at 42 CFR 485.635(d,4) and IDAPA 16.03.14310.03, respectively, because of the lack of sufficient care planning.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited.

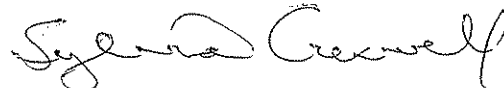
Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it was addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,



GARY GUILLES
Health Facility Surveyor
Non-Long Term Care



SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

GG/mlw